| | | | | | | | | | Federal B | ox 1 | Soc. Sec. Box 3 & | 7 Medica | are Box 5 |
|---|------------|-------------------------------------|------------------------------|-------------|-----------|------------------------|--|---------------------------------|---------------------|--|---|-------------------|--|
| Please note that the Gross amount shown may include adjustments. | | | | | | | Gross Wage Txbl Benefit Group Term Adoption Deferred Co Section 125 Other Preta W-2 Wages | cs Life omp x/Wage Lii | (94) (10) mit | 515.08 43.46 42.48 51.48 11.12 | 5 143.4 3 42.4) (1011.1 | 46 48 2) (| 94615.08 143.46 42.48 (1011.12) 93789.90 |
| D. CONTROL 000385865 | | This information is being furnished | | | OMB NO | O. 1545-0008 | 1. WAGES, TIPS, OTHER COMPENSATION 84328.42 | | | : | 2. FEDERAL INCOME TAX WITHHELD 11530.33 | | |
| B. EMPLOYE 20-346921 | | TION NUMBER | A. EMPLOYEE'S 641-59-7300 | SOCIAL SECU | JRITY NUM | 1BER | 3. SOCIAL SECURITY WAGES 93789.90 | | | | 4. SOCIAL SECURITY TAX WITHHELD 5814.97 | | |
| C. EMPLOYER INFOR (US |), LLC | DDRESS, AND ZIP C | ODE | | | | 5. MEDICARE WAGES AND TIPS 93789.90 7. SOCIAL SECURITY TIPS | | | | 6. MEDICARE TAX WITHHELD 1359.95 | | |
| Suite 4100 Alpharetta |) | | | | | | 7. SOCIAL SECURITY TIPS | | | | 8. ALLOCATED TIPS | | |
| , upilal ceed | G/1 5000 / | | | | | | 9. | | | 1 | O. DEPENDENT CARE E | ENEFITS | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SUFF. Santosh Bucchanahalli Govindaraju | | | | | | 11. NONQUALIFIED PLANS | | | 1 | 12.a-d C D | | 42.48 9461.48 | |
| 1901 Knights bridge road 2103 Farmers branch TX 75234 USA | | | | | | 14. OTHER | | | | DD 7101.1 | | 740.00 7101.12 | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | | | | | 1 | 3. STATUTORY RETIR | | RD PARTY C |
| 15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TO | | | | | | AX | 18. LOCAL | WAGES, TIPS, ETC. | 19. L | OCAL INCOME TAX | 20. LOCALITY | NAME | |

| D. CONTROL NUM 000385865901 | BER This Information to the Internal Re | is being furnished venue Service | 2021 | OMB NO. 1545-0008 | | 1. WAGES, TIPS, OTHER COMPENSATION 84328.42 | | | | 2. FEDERAL INCOME TAX WITHHELD 11530.33 | | 3 |
|--|---|-------------------------------------|---|-------------------|------------------|--|----------------------------------|-------------------|-------------|--|--------------|---------|
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER | | | | | | | 3. SOCIAL SECURITY WAGES | | | 4. SOCIAL SECURITY TAX WITHHELD | | |
| 20-3469219 641-59-7300 | | | | | | | 93789.90 | | | 5814.97 | | |
| C. EMPLOYER'S NA | ME, ADDRESS, AND ZIP | | 5. MEDICARE WAGES AND TIPS 6. MEDICARE TAX WITHHELD | | | | | HHELD | | | | |
| INFOR (US), LLC | С | | | | | | | 93789.90 | | | 1359.95 | 5 |
| 13560 Morris Road Suite 4100 | | | | | | | URITY TIPS | | | 8. ALLOCATED TIPS | | |
| Alpharetta GA 30004 | | | | | | | 9. | | | 10. DEPENDENT CARE BENEFITS | | |
| E. EMPLOYEE'S FIR | ST NAME AND INITIAL | LAST N | AME | | SUFF. | 11. NONQUALIFIED PLANS | | | | 12.a-d C | | 42,48 |
| Santosh | | Bucch | anahalli G | Govindara | aju | | | | | D | | 9461.48 |
| 1901 Knights b | 1901 Knights bridge road 2103 | | | | | | 14. OTHER | | | w | | 740.00 |
| Farmers branch TX 75234 USA | | | | | | | | | | DD 7101.12 | | |
| | DDRESS AND ZIP CODE | | | | | | 13. STATUTORY RETIREMPLOYEE PLAN | | D PARTY PAY | | | |
| 15. STATE EMP | LOYER'S STATE I.D. NO. | 16. STATE WAG | ES, TIPS, E | TC. 1 | L7. STATE INCOME | ΓAX | 18. LOCAL W | /AGES, TIPS, ETC. | 19. | LOCAL INCOME TAX | 20. LOCALITY | NAME |
| | | | | | | | | | | | | |

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

| D. CONTROL NUMBER | This Information is to the Internal Rev | | 2021 | OMBI | NO. 1545-0008 | 1. WAGES, TI | PS, OTHER COMPENSAT 84328. | | 2. FEDERAL INCOME TA | | |
|---|--|---------|------------|----------|----------------------|----------------------------|-------------------------------|-------------------|---------------------------------|-------------------------------|--|
| 000385865901 | enue Service | 2021 | | | | 84328. | 42 | 11530.33 | | | |
| B. EMPLOYER IDENTIFICATION NUMBER A. EMPLOYEE'S SOCIAL SECURITY NUMBER 3 | | | | | | | CURITY WAGES | | 4. SOCIAL SECURITY TAX WITHHELD | | |
| 20-3469219 641-59-7300 | | | | | | 93789.90 | | | 5814.97 | | |
| C. EMPLOYER'S NAME, A | DDRESS, AND ZIP C | ODE | | | | 5. MEDICARE WAGES AND TIPS | | | 6. MEDICARE TAX WITHHELD | | |
| INFOR (US), LLC | | | | | | | 93789. | 90 | | 1359.95 | |
| 13560 Morris Road Suite 4100 | | | | | | | URITY TIPS | | 8. ALLOCATED TIPS | | |
| Alpharetta GA 30004 | | | | | | 9. | | | 10. DEPENDENT CARE BENEFITS | | |
| E. EMPLOYEE'S FIRST NAM | ME AND INITIAL | LAST NA | AME | | SUFF. | 11. NONQUALIFIED PLANS | | | 12.a-d C | 42.48 | |
| Santosh | | Bucch | anahalli G | Govindar | raju | | | | D | 9461.48 | |
| 1901 Knights bridge | road 2103 | | | | | 14. OTHER | | | w | 740.00 | |
| Tight Knights bridge road 2103 Farmers branch TX 75234 USA | | | | | | | | | DD 710 | | |
| F. EMPLOYEE'S ADDRESS | AND ZIP CODE | | | | | | | | 13. STATUTORY RETII | REMENT X THIRD PARTY SICK PAY | |
| 6. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME | | | | AX | 18. LOCAL WAGES, TIP | S, ETC. 19 | D. LOCAL INCOME TAX | 20. LOCALITY NAME | | | |

Copy 2 To be filed with Employee's STATE, CITY, or LOCAL tax return

2021

Dept. of the Treasury - Internal Revenue Service

FORM W-2 Wage and Tax Statement

| D. CONTROL NUMBER | ONTROL NUMBER This Information is being furnished | | | | | | PS, OTHER COMPE | NSATION | 2 FEDER | 2. FEDERAL INCOME TAX WITHHELD | | | |
|---|---|----------|------------|--------------|---------------|------------------------|---------------------------------|---------------|--------------------------|--------------------------------|-------------------|----|--|
| 000385865901 | to the Internal Rev | • | 2021 OMB N | | NO. 1545-0008 | 84328.42 | | | 2.7252.0 | 11530.33 | | | |
| B. EMPLOYER IDENTIFICA | TION NUMBER | URITY NU | MBER | 3. SOCIAL SE | | 4. SOCIA | 4. SOCIAL SECURITY TAX WITHHELD | | | | | | |
| 20-3469219 641-59-7300 | | | | | | | 93789.90 | | | | 5814.97 | | |
| C. EMPLOYER'S NAME, A | DDRESS, AND ZIP C | ODE | | | | 5. MEDICARE | 5 | 6. MEDIO | 6. MEDICARE TAX WITHHELD | | | | |
| INFOR (US), LLC | | | | | | | 789.90 | | 1359.95 | | | | |
| 13560 Morris Road Suite 4100 Alpharetta GA 30004 | | | | | | | 7. SOCIAL SECURITY TIPS | | | | 8. ALLOCATED TIPS | | |
| Alpharetta GA 30004 | | | | 9. | | 10. DEPEN | 10. DEPENDENT CARE BENEFITS | | | | | | |
| E. EMPLOYEE'S FIRST NAI | ME AND INITIAL | LAST NA | AME | | SUFF. | 11. NONQUALIFIED PLANS | | | 12.a-d C | | 42.4 | 18 | |
| Santosh | | Bucch | anahalli G | Govindar | aju | | | D | | 9461.4 | 18 | | |
| 1901 Knights bridge | road 2103 | | | | | 14. OTHER | | | W | | 740.0 | 00 | |
| Farmers branch TX 75234 USA | | | | | | | | | | | DD 7101.12 | | |
| | | | | | | | | | | П | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE | | | | | | | | | EMPLO | YEE PLA | N SICK PAY | | |
| 15. STATE EMPLOYER'S STATE I.D. NO. 16. STATE WAGES, TIPS, ETC. 17. STATE INCOME TO | | | | | | AX | 18. LOCAL WAGE | S, TIPS, ETC. | 19. LOCAL IN | COME TAX | 20. LOCALITY NAME | | |
| Comp. D. To the file of | | | | | | | | | | | | | |